

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25282

STATE FILE NUMBER

FILED AUG 1- 1957

Registration District No. 172 Primary Registration District No. 5640 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Davis township</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b> c. CITY OR TOWN <b>Davis Township</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>CORA</b> Middle <b>REDDICK</b> Last <b>STARKE</b>				4. DATE OF DEATH 7 23 57 Month Day Year			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 30, 1876</b>	
9. AGE (In years last birthday) <b>81</b>				IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>South of Corder, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				13. FATHER'S NAME <b>Leverette Reddick</b>			
14. MOTHER'S MAIDEN NAME <b>Amelia Higgins</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. <b>none</b>				17. INFORMANT Address <b>Mrs. Chas. Schaeperkoetter Corder, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio vascular renal disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>442X</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>hypertrophic arthritis generalized - arteriosclerosis generalized.</b>							
INTERVAL BETWEEN ONSET AND DEATH ??							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION <b>Waverly, Missouri</b>				20g. COUNTY <b>Missouri</b> STATE			
21. I attended the deceased from <b>1953</b> to <b>7/23/57</b> and last saw her <b>alive</b> on <b>7/22/57</b> Death occurred at <b>3:50AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Marion D. Bailey</b>				22b. ADDRESS <b>Waverly, Missouri</b>			
22c. DATE SIGNED <b>7/24/57</b>				23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>			
23b. DATE <b>7-25-57</b>				23c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>			
23d. LOCATION (City, town, or county) <b>Corder, Missouri</b>				(State)			
24. FUNERAL DIRECTOR <b>F. R. Hoefer</b> ADDRESS <b>Higginsville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-24-57</b>			
26. REGISTRAR'S SIGNATURE <b>Marion D. Bailey</b>							

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. In the absence of a physician's certificate of death, the coroner must certify to a death due to natural causes. In the absence of a physician's certificate of death, the coroner must certify to a death due to natural causes. In the absence of a physician's certificate of death, the coroner must certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Forest R. Hoefler*

Licensed Embalmer No. 4801

P. O. Address Higginsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.